

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD_R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	No
Computer Readable Form (CRF)?::	No
Title::	SINGLE-POINT MANAGEMENT SYSTEM FOR DEVICES IN A CLUSTER
Attorney Docket Number::	50072.55US01/NC28807
Request For Early Publication::	No
Request For Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	7
Small Entity::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

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Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: BASIL
Middle Name::
Family Name:: TREPPA
Name Suffix::
City of Residence:: SANTA CLARA
State or Province of Residence:: CA
Country of Residence:: USA
Street of mailing address:: 3463 VICTORIA AVENUE
City of mailing address:: SANTA CLARA
State or Province of mailing address:: CA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 95051

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: INDIA
Status:: Full Capacity
Given Name:: AJAY
Middle Name::
Family Name:: MITTAL
Name Suffix::
City of Residence:: FOSTER CITY
State or Province of Residence:: CA
Country of Residence:: USA
Street of mailing address:: 888 FOSTER CITY BLVD. #H1

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City of mailing address:: FOSTER CITY
State or Province of mailing address:: CA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 94404

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: INDIA
Status:: Full Capacity
Given Name:: SRIKANTH
Middle Name::
Family Name:: KONERU
Name Suffix::
City of Residence:: SANTA CLARA
State or Province of Residence:: CA
Country of Residence:: USA
Street of mailing address:: 570 MILL CREEK LANE, #308
City of mailing address:: SANTA CLARA
State or Province of mailing address:: CA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 95054

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: CHINA
Status:: Full Capacity
Given Name:: LAURA
Middle Name::
Family Name:: XU

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Name Suffix::
City of Residence:: SUNNYVALE
State or Province of Residence:: CA
Country of Residence:: USA
Street of mailing address:: 843 MAINGROVE AVENUE
City of mailing address:: SUNNYVALE
State or Province of mailing address:: CA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 94086

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: INDIA
Status:: Full Capacity
Given Name:: AJAY
Middle Name::
Family Name:: MATAI
Name Suffix::
City of Residence:: SUNNYVALE
State or Province of Residence:: CA
Country of Residence:: USA
Street of mailing address:: 395 ANO NUEVO AVE. #711
City of mailing address:: SUNNYVALE
State or Province of mailing address:: CA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 94085

Correspondence Information

Correspondence Customer Number:: 23552

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Representative Information

Representative Customer Number::	23552
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Assignee Information

Assignee Name:: NOKIA INC.
Street of mailing address:: 6000 CONNECTION DRIVE
City of mailing address:: IRVING
State or Province of mailing address:: TX
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 75039